

2024 Molina Marketplace Benefits At A Glance - Wisconsin

Affordable, quality health coverage for all. Learn more at MolinaMarketplace.com
Call today! (833) 313-2090 (TTY: 711)



| | Silver 1 | | | | Silver 8 | | | |
|--|------------------------------------|-------------------|--------------------|--------------------|------------------------------------|-------------------|--------------------|--------------------|
| | Cost Sharing Reduction Plans (CSR) | | | Silver 1 | Cost Sharing Reduction Plans (CSR) | | | Silver 8 |
| | Silver 1 100 | Silver 1 150 | Silver 1 200 | | Silver 8 100 | Silver 8 150 | Silver 8 200 | |
| Value Basics | | | | | | | | |
| Teladoc Virtual Care Visits 24/7/365 | Free | Free | Free | Free | Free | Free | Free | Free |
| Annual Wellness Visit - Adults | Free | Free | Free | Free | Free | Free | Free | Free |
| Routine Preventive Screenings - Children & Adults | Free | Free | Free | Free | Free | Free | Free | Free |
| Routine Vision Exams, and Eyewear - Children (Ages 0-18) | Free | Free | Free | Free | Free | Free | Free | Free |
| Preventive Prescription Drugs | Free | Free | Free | Free | Free | Free | Free | Free |
| 24 Hour Nurse Line | Free | Free | Free | Free | Free | Free | Free | Free |
| Plan Options with Adult Vision Services | Yes | Yes | Yes | Yes | No | No | No | No |
| Benefits and Cost Share Highlights | | | | | | | | |
| Deductible (Ind/Fam) | \$0 / \$0 | \$700 / \$1,400 | \$3,500 / \$7,000 | \$5,000 / \$10,000 | \$0 / \$0 | \$700 / \$1,400 | \$5,700 / \$11,400 | \$5,900 / \$11,800 |
| Drug Deductible (Ind/Fam) | \$0 / \$0 | Comb. w/Med | Comb. w/Med | Comb. w/Med | \$0 / \$0 | Comb. w/Med | Comb. w/Med | Comb. w/Med |
| Out of Pocket Max (Ind/Fam) | \$1,650 / \$3,300 | \$2,750 / \$5,500 | \$6,775 / \$13,550 | \$7,850 / \$15,700 | \$1,800 / \$3,600 | \$3,000 / \$6,000 | \$7,200 / \$14,400 | \$9,100 / \$18,200 |
| Emergency Room Facility | 20% | 25% after ded | 35% after ded | 35% after ded | 25% | 30% after ded | 40% after ded | 40% after ded |
| Urgent Care Services | \$5 | \$20 | \$45 | \$45 | \$5 | \$30 | \$60 | \$60 |
| Inpatient Services | | | | | | | | |
| Inpatient Facility Fee *Professional Fees May Apply | 20% | 25% after ded | 35% after ded | 35% after ded | 25% | 30% after ded | 40% after ded | 40% after ded |
| Outpatient Professional Office Visits Services | | | | | | | | |
| Primary Care | \$0 | \$9 | \$30 | \$30 | \$0 | \$20 | \$40 | \$40 |
| Specialty Care | \$10 | \$30 | \$60 | \$60 | \$10 | \$40 | \$80 | \$80 |
| Rehabilitative and Habilitative Services | \$10 | \$30 | \$30 | \$30 | \$0 | \$20 | \$40 | \$40 |
| Mental / Behavioral Health Services / Substance Abuse Services | \$0 | \$9 | \$30 | \$30 | \$0 | \$20 | \$40 | \$40 |

Services Without Any Deductible

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| | Cost Sharing Reduction Plans (CSR) | | | Silver 1 | Cost Sharing Reduction Plans (CSR) | | | Silver 8 |
| | Silver 1 100 | Silver 1 150 | Silver 1 200 | | Silver 8 100 | Silver 8 150 | Silver 8 200 | |
| Outpatient Hospital Facility Services | | | | | | | | |
| Outpatient Facility Fee | 20% | 25% after ded | 35% after ded | 35% after ded | 25% | 30% after ded | 40% after ded | 40% after ded |
| Outpatient Professional Fee | 20% | 25% after ded | 35% after ded | 35% after ded | 25% | 30% after ded | 40% after ded | 40% after ded |
| Advanced Imaging and Specialized Scanning Services | 20% | 25% after ded | 35% after ded | 35% after ded | 25% | 30% after ded | 40% after ded | 40% after ded |
| Routine X-Ray and Diagnostic Services | \$30 | \$75 | \$95 | \$95 | 25% | 30% after ded | 40% after ded | 40% after ded |
| Laboratory Tests | \$10 | \$30 | \$60 | \$60 | 25% | 30% after ded | 40% after ded | 40% after ded |
| Prescription Drugs [§] | | | | | | | | |
| Preventive Drugs | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Preferred Generic Drugs | \$0 | \$6 | \$20 | \$29 | \$0 | \$10 | \$20 | \$20 |
| Preferred Brand Drugs | \$30 | \$65 | \$65 after ded | \$65 after ded | \$15 | \$20 | \$40 | \$40 |
| Non-Preferred Drugs | 20% | 25% after ded | 35% after ded | 35% after ded | \$50 | \$60 after ded | \$80 after ded | \$80 after ded |
| Specialty Drugs | 20% | 25% after ded | 35% after ded | 35% after ded | \$150 | \$250 after ded | \$350 after ded | \$350 after ded |

Services Without Any Deductible

Notes: **Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. [§]Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.

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2024 Molina Marketplace Benefits At A Glance - Wisconsin



| | Silver 12 with First 4 Primary Care Visits Free | | | | | |
|--|---|-------------------|--------------------|--------------------|--------------------|--------------------|
| | Cost Sharing Reduction Plans (CSR) | | | | | |
| | Silver 12 100 | Silver 12 150 | Silver 12 200 | Silver 12 | Gold 1 | Gold 8 |
| Value Basics | | | | | | |
| Teladoc Virtual Care Visits 24/7/365 | Free | Free | Free | Free | Free | Free |
| Annual Wellness Visit - Adults | Free | Free | Free | Free | Free | Free |
| Routine Preventive Screenings - Children & Adults | Free | Free | Free | Free | Free | Free |
| Routine Vision Exams, and Eyewear - Children (Ages 0-18) | Free | Free | Free | Free | Free | Free |
| Preventive Prescription Drugs | Free | Free | Free | Free | Free | Free |
| 24 Hour Nurse Line | Free | Free | Free | Free | Free | Free |
| Plan Options with Adult Vision Services | No | No | No | No | Yes | No |
| Benefits and Cost Share Highlights | | | | | | |
| Deductible (Ind/Fam) | \$100 / \$200 | \$1,300 / \$2,600 | \$6,500 / 13,000 | \$7,000 / \$14,000 | \$1,550 / \$3,100 | \$1,500 / \$3,000 |
| Drug Deductible (Ind/Fam) | Comb. w/Med | Comb. w/Med | Comb. w/Med | Comb. w/Med | Comb. w/Med | Comb. w/Med |
| Out of Pocket Max (Ind/Fam) | \$3,150 / \$6,300 | \$3,150 / \$6,300 | \$7,550 / \$15,100 | \$9,450 / \$18,900 | \$8,100 / \$16,200 | \$8,700 / \$17,400 |
| Emergency Room Facility | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 25% after ded | 25% after ded |
| Urgent Care Services | \$3 | \$13 | \$55 | \$60 | \$20 | \$45 |
| Inpatient Services | | | | | | |
| Inpatient Facility Fee *Professional Fees May Apply | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 25% after ded | 25% after ded |
| Outpatient Professional Office Visits Services | | | | | | |
| Primary Care | \$2** | \$10** | \$35** | \$40** | \$20 | \$30 |
| Specialty Care | \$4 | \$15 | \$70 | \$75 | \$50 | \$60 |
| Rehabilitative and Habilitative Services | 10% after ded | 20% after ded | 20% after ded | 20% after ded | \$20 | \$30 |
| Mental / Behavioral Health Services / Substance Abuse Services | \$2** | \$10** | \$35** | \$40** | \$20 | \$30 |

Services Without Any Deductible

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| | Silver 12 100 | Silver 12 150 | Silver 12 200 | Silver 12 | Gold 1 | Gold 8 |
| Outpatient Hospital Facility Services | | | | | | |
| Outpatient Facility Fee | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 25% after ded | 25% after ded |
| Outpatient Professional Fee | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 25% after ded | 25% after ded |
| Advanced Imaging and Specialized Scanning Services | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 25% after ded | 25% after ded |
| Routine X-Ray and Diagnostic Services | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 25% after ded | 25% after ded |
| Laboratory Tests | 10% after ded | 20% after ded | 20% after ded | 20% after ded | \$15 | 25% after ded |
| Prescription Drugs [§] | | | | | | |
| Preventive Drugs | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Preferred Generic Drugs | \$2 | \$5 | \$10 | \$10 | \$15 | \$15 |
| Preferred Brand Drugs | \$20 | \$50 | \$100 | \$100 | \$50 after ded | \$30 |
| Non-Preferred Drugs | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 30% after ded | \$60 |
| Specialty Drugs | 10% after ded | 20% after ded | 20% after ded | 20% after ded | 30% after ded | \$250 |

Services Without Any Deductible

Notes: **Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. [§]Mail-order is available for non-specialty drugs marked “MAIL” on the formulary. For mail-order Rx, a 90-day supply is provided at two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.